



1629 York Road
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PHYSICIAN'S ORDER: SHIKANI SPEAKING VALVE & SHIKANI HME

Practice Name: _____
Prescriber Name: _____
Address: _____

Date: _____
Phone: _____

Patient Name: _____
Address: _____

Date of Birth: _____
Phone Number: _____

Optional Information:

Insurance Provider: _____
Member ID: _____
Group Number: _____

Insurance Phone: _____
Insurance Fax: _____

Shikani Speaking Valve (Sold Individually)

HCPCS code L8501

- SSV-C: Clear Valve
- SSV-B: Blue Valve

Shikani Heat Moisture Exchanger (Box of 25)

HCPCS code A7507

- S-HME

Refill Every **30** or **60** Days
(please circle)

Number of Refills: **1 2 3 4 6 12**
(please circle)

Refill Every **25** Days

Number of Refills: **1 2 3 4 6 12**
(please circle)

Prescriber Signature: _____

Lic. No.: _____